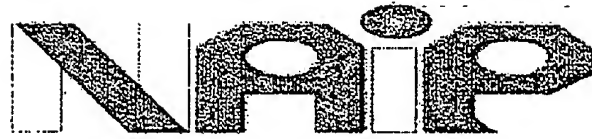


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Art Unit: 2816**

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From: Winston Hsu, Registration No. 41,526

Serial No.: 10/709,461

Attorney Docket No.: MTKP0067USA1

Subject: Response to the Office action mailed on 03/29/2006

Total Pages: 07 pages (including cover page)

Winston Hsu 06/27/2006

MTKP0067USA1_A2_6

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/709,461	
	Filing Date	05/06/2004	
	First Named Inventor	Chi-Ming Hsiao	
	Art Unit	2816	
	Examiner Name	LAM, TUAN THIEU	
Total Number of Pages in This Submission	6	Attorney Docket Number	MTKP0067USA1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Brenda Lin	Date	6/27/2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number	10/709,461
Filing Date	05/06/2004
First Named Inventor	Chi-Ming Hsiao
Examiner Name	LAM, TUAN THIEU
Art Unit	2816
Attorney Docket No.	MTKP0067USA1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North American Intellectual Property Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
_____ - 100 = _____	_____ / 50	_____ (round up to a whole number)	x _____ = _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526	Telephone	3027291562
Name (Print/Type)	Winston Hsu	Date	6/27/2006		

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**SWITCHED CAPACITOR CIRCUIT CAPABLE OF MINIMIZING CLOCK
FEEDTHROUGH EFFECT IN A VOLTAGE CONTROLLED OSCILLATOR
CIRCUIT**

Appl. No. : 10/709,461 Confirmation No. 3460
Applicants : Chi-Ming Hsiao,
Guang-Kaai Dehng,
Ming-Horng Tsai,
Ling-Wei Ke,
En-Hsiang Yeh,
Chi-Kun Chiu
Filed : May 6, 2004
TC/A.U. : 2816
Examiner : LAM, TUAN THIEU
Docket No. : MTKP0067USA1
Customer No. : 27765

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

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INTRODUCTORY COMMENTS

The following is in response to the Office action of 03/29/2006 for the above-identified application:

Remarks begin on page 2 of this paper.